

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2007

through

03

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

09

11

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		365524.77
(b) Cash on Hand at Beginning of Reporting Period .....	534949.49	
(c) Total Receipts (from Line 19) .....	32118.44	297100.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	567067.93	662625.10
7. Total Disbursements (from Line 31) .....	104468.06	200025.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	462599.87	462599.87
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24680.03	251021.05
(i) Itemized (use Schedule A) .....	6363.52	42967.45
(ii) Unitemized .....	31043.55	293988.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	31043.55	293988.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1074.89	3111.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32118.44	297100.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32118.44	297100.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3928.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	3928.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99000.00	192000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1540.06	4097.23
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	104468.06	200025.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	104468.06	200025.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31043.55	293988.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31043.55	293988.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3928.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3928.00	3928.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hanan Khalil

Mailing Address Rhode Island Medical Imaging Inc  
20 Catamore Blvd

City State Zip Code  
East Providence RI 02914-1204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bridgeport Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

Transaction ID: 19209086

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Cathleen Woomert

Mailing Address 81 Maple Ridge Rd

City State Zip Code  
Millville PA 17846-8933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Geisinger Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

Transaction ID: 19209088

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Parks

Mailing Address Waco Radiology Clinic PA  
405 Londonderry Dr Ste 104

City State Zip Code  
Waco TX 76712-7920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Waco Radiology Clinic PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

Transaction ID: 19209089

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Herring

Mailing Address Albert Einstein Medical Center  
5501 Old York Rd

City State Zip Code  
Philadelphia PA 19141-3098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Albert Einstein Medical  
Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

Transaction ID: 19209090

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Latchaw

Mailing Address UC Davis Medical Center  
4860 Y St Ste 3100

City State Zip Code  
Sacramento CA 95817-2307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of California  
at Davis

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19298686

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Katherine Shaffer

Mailing Address Froedtert Mem Lutheran Hospital  
9200 W Wisconsin Ave

City State Zip Code  
Milwaukee WI 53226-3596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical College of Wisconsin

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19298687

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bradley Tipler

Mailing Address Blue Ridge Radiologists  
401 Commerce Rd Ste 413

City State Zip Code  
Staunton VA 24401-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Ridge Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19298688

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Alenghat

Mailing Address 3901 W Talus Ct

City State Zip Code  
Peoria IL 61615-8957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19299931

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kirsten A. Hanson

Mailing Address 1031 Towlston Rd

City State Zip Code  
McLean VA 22102-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Radiology Asso-  
ciates, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19299932

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Moote

Mailing Address Jefferson Radiology  
85 Seymour St Ste 200

City State Zip Code  
Hartford CT 06106-5507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefferson Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19299936

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Urbanski

Mailing Address 1253 Mapleton Ave

City State Zip Code  
Suffield CT 06078-1336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefferson X-Ray Group, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Transaction ID: 19337644

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roma Gumbs

Mailing Address 13716 N Gate Dr

City State Zip Code  
Silver Spring MD 20906-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Howard University Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Transaction ID: 19337645

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Weis

Mailing Address 248 Shorewood Ct

City

Fox Island

State

WA

Zip Code

98333-9725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tacoma Radiological Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Transaction ID: 19337646

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Terril Efird

Mailing Address 7620 N Marks Ave

City

Fresno

State

CA

Zip Code

93711-0262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19424029

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Deborah Lucas

Mailing Address Southeastern Overread Services  
3801 W Market St

City

Greensboro

State

NC

Zip Code

27407-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeastern Radiology -  
Greensboro, N

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19424031

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Robbins

Mailing Address Hot Springs Radiology Services  
3633 Central Ave Ste D

City State Zip Code  
Hot Springs AR 71913-6404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hot Springs Rad Services

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19424032

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gideon Strich

Mailing Address 6042 Sierra Siena Rd

City State Zip Code  
Irvine CA 92612-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Ana Tustin Radiology  
Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19428512

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lara Eisenberg

Mailing Address 1020 Towlston Rd

City State Zip Code  
McLean VA 22102-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Groover, Christie,  
& Meritt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19428514

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Rosenberg

Mailing Address Jefferson X Ray Group PC  
85 Seymour St Ste 200

City State Zip Code  
Hartford CT 06106-5505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefferson Radiology, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19428515

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ethan Foxman

Mailing Address 1047 N Main St

City State Zip Code  
West Hartford CT 06117-2055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefferson Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 19428516

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Wolf

Mailing Address 16 Whitecliff Dr

City State Zip Code  
Pittsford NY 14534-2928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Windsong Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501391

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Howard, III

Mailing Address 1185 Glancy Rd E

City

Swansboro

State

NC

Zip Code

28584-8738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Onslow Radiology Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501394

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Burkett

Mailing Address 6 Crooked Bridge Way

City

Ormond Beach

State

FL

Zip Code

32174-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501396

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edwin Dailey

Mailing Address 5560 Buck Point Rd

City

Auburn

State

NY

Zip Code

13021-8739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auburn Radiologic Associa-  
tes, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501397

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Susan Rubinoff

Mailing Address 0-100 28th St

City

Fairlawn

State

NJ

Zip Code

07410-3756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Center of Fair  
Lawn

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501415

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nathaniel Adamson

Mailing Address 177 Diamond Ct

City

Harrisonburg

State

VA

Zip Code

22801-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockingham Radiologists,  
Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501417

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Hodgman

Mailing Address Kalamazoo Radiology PC  
524 S Park St

City

Kalamazoo

State

MI

Zip Code

49007-5179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Radiology Servic-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 19501419

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Chaliff

Mailing Address 195 Grogans Lake Point

City

Atlanta

State

GA

Zip Code

30350-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Imaging Specia-  
lists, P.A..

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: 19532767

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Salil Parikh

Mailing Address 9477 Johnson Rd Ext

City

Germantown

State

TN

Zip Code

38139-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Ocala

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: 19532768

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Arose

Mailing Address 11 Windsor Court

City

Farmington

State

CT

Zip Code

06032-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: 19532769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Harris

Mailing Address 42 Wildwood Dr

City

West Lebanon

State

NH

Zip Code

03784-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock Med  
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532771

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Susan Edwards

Mailing Address 13101 Waterrock Ln

City

Arcadia

State

OK

Zip Code

73007-7631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532774

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Soehnlen

Mailing Address 18882 Withrich Rd

City

Dalton

State

OH

Zip Code

44618-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Canton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532804

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Frederick Conard, III

Mailing Address 22 Sunset Farm Rd

City

West Hartford

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532807

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Poulton

Mailing Address Aultman Hospital  
2600 6th St SW

City

Canton

State

OH

Zip Code

44710-1799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aultman Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532808

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Irena Tocino

Mailing Address Yale University School of Med  
333 Cedar St

City

New Haven

State

CT

Zip Code

06510-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale University School of  
Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532814

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Todd Smith

Mailing Address 18 Masters Cir

City

Little Rock

State

AR

Zip Code

72212-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of  
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532815

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Marcantonio

Mailing Address William Beaumont Hosp  
3601 W 13 Mile Rd

City

Royal Oak

State

MI

Zip Code

48073-6769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia West Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532858

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Birmingham  
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532865

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Affiliates of  
Central NJ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532908

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Eisenberg

Mailing Address The Defiance Clinic  
1400 E 2nd St

City

Defiance

State

OH

Zip Code

43512-2494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Defiance Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532919

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Imaging Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532923

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

223.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: 19532928

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Swartz

Mailing Address 1210 Page Ter

City

Villanova

State

PA

Zip Code

19085-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: 19532937

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates  
5850 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15206-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinstein Imaging Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: 19532953

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional) .....

290.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City

New Bern

State

NC

Zip Code

28560-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532958

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City

Alexandria

State

LA

Zip Code

71301-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532976

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532983

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

268.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Dodd, III

Mailing Address Univ of Colorado Hlth Sci Ctr

12401 E 17th Ave, Leprine Bldg Rm

City

Aurora

State

CO

Zip Code

80045-7155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Texas Hlth Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532988

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jack Funamura

Mailing Address 2320 N California St Ste 2

City

Stockton

State

CA

Zip Code

95204-5509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stockton MRI Medical Cent-  
er

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532996

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Reginald D. Osbon

Mailing Address 149 Weatherby Drive

City

Macon

State

GA

Zip Code

31210-8233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532997

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

833.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeanne W. Baer

Mailing Address 418 High St

City

State

Zip Code

Closter

NJ

07624-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Luke's-Roosevelt Hospi-  
tal

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532998

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Russell Harvey

Mailing Address 2736 SW MacVicar Ave

City

State

Zip Code

Topeka

KS

66611-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RNM

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533000

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Gendron

Mailing Address 27 Timberline Dr

City

State

Zip Code

Poughkeepsie

NY

12603-5532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533001

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Friedland

Mailing Address 57 Kingwood Dr

City

Poughkeepsie

State

NY

Zip Code

12601-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533002

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sandip Patel

Mailing Address 141 Beaumont Ct

City

Wilmington

State

NC

Zip Code

28412-8267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delaney Radiologists, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533003

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Herbstman

Mailing Address 572 Haworth Ave

City

Haworth

State

NJ

Zip Code

07641-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Center of Fair Lawn

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 19627954

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Tonkin

Mailing Address 2005 S Palmetto Ave

City

South Daytona

State

FL

Zip Code

32119-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Imaging Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 19627956

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Quinn

Mailing Address 69 McAfee Farm Rd

City

Bedford

State

NH

Zip Code

03110-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNHRC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 19627960

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

24680.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 46

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3111.83

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 19810502

Amount of Each Receipt this Period

1074.89

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

1074.89

**TOTAL** This Period (last page this line number only) .....

1074.89

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress St  
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles Melancon

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: 18796113

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Fortney Peter Stark

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 18798453

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John S. Tanner

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 18798628

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Roy Blunt

Mailing Address PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Roy Blunt

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 19026433

Date of Disbursement

03 / 31 / 2007

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Gordon Smith

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: 19026437

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Gordon Smith

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: 19026438

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) Van Hollen For Congress	<b>Transaction ID:</b> 19026439 <b>Date of Disbursement</b>
Mailing Address 10537 St. Paul Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 7</div> </div>
City Kenington State MD Zip Code 20895	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Chris Van Hollen	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	<b>Transaction ID:</b> 19026441 <b>Date of Disbursement</b>
Mailing Address PO Box 360	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 0 7</div> </div>
City Prescott State AR Zip Code 71857	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Michael Ross	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 19030171 <b>Date of Disbursement</b>
Mailing Address P.O. Box 127	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 7</div> </div>
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Chris Murphy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) Schakowsky For Congress	<b>Transaction ID:</b> 19031175 <b>Date of Disbursement</b>
Mailing Address P.O. Box 5130	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 7</div> </div>
City Evanston State IL Zip Code 60204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Janice D. Schakowsky	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rogers For Congress	<b>Transaction ID:</b> 19031185 <b>Date of Disbursement</b>
Mailing Address Post Office Box 581	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 0 7</div> </div>
City Brighton State MI Zip Code 48116	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Michael J. Rogers	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) People For English	<b>Transaction ID:</b> 19031189 <b>Date of Disbursement</b>
Mailing Address PO Box 1940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 7</div> </div>
City Erie State PA Zip Code 16507	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>3000.00</div>
Candidate Name Rep. Phil English	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Charles W. Boustany, Jr.

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

**Transaction ID:** 19031190

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Price For Congress

Mailing Address P.O. Box 425

City State Zip Code  
Roswell GA 30077

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Thomas Price

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

**Transaction ID:** 19031191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Pryor For Us Senate

Mailing Address PO Box 2720

City State Zip Code  
Little Rock AR 72203

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Sen. Mark Pryor

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

**Transaction ID:** 19209104

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City State Zip Code  
Chico CA 95927

Purpose of Disbursement

Candidate Name  
Rep. Wally Herger

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19209105

Date of Disbursement

03 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ron Lewis For Congress

Mailing Address PO Box 307

City State Zip Code  
Elizabethtown KY 42702

Purpose of Disbursement

Candidate Name  
Rep. Ron Lewis

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19271366

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Charlie Dent For Congress

Mailing Address PO Box 442

City State Zip Code  
Allentown PA 18105

Purpose of Disbursement

Candidate Name  
Rep. Charles W. Dent

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 15

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19294650

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Kirk For Congress

Mailing Address P.O. Box 8

City  
WinnetkaState  
ILZip Code  
60093

Purpose of Disbursement

Candidate Name

Rep. Mark Steven Kirk

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 19294666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City  
TulsaState  
OKZip Code  
74147

Purpose of Disbursement

Candidate Name

Rep. John Sullivan

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 19294719

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

More Conservatives PAC (McPAC)

Mailing Address 675 N WASHINGTON STREET  
SUITE 410City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

Candidate Name

More Conservatives PAC (McPAC)

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 19294723

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City  
 Fargo

State  
 ND

Zip Code  
 58106

Purpose of Disbursement

011

Category/  
 Type

Candidate Name

Rep. Earl Pomeroy

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND

District: 01

Transaction ID: 19294730

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City  
 Jenkintown

State  
 PA

Zip Code  
 19046

Purpose of Disbursement

011

Category/  
 Type

Candidate Name

Rep. Allyson Schwartz

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 13

Transaction ID: 19296785

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City  
 Uwchland

State  
 PA

Zip Code  
 19480

Purpose of Disbursement

011

Category/  
 Type

Candidate Name

Rep. James W. Gerlach

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 06

Transaction ID: 19296792

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
Rep. Ron Kind

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19297042

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

McNulty For Congress

Mailing Address P.O. Box 1560

City Green Island State NY Zip Code 12183

Purpose of Disbursement

Candidate Name  
Rep. Michael R. McNulty

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 21

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19297996

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name  
Rep. Carolyn McCarthy

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 04

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19297999

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Tammy Baldwin For Congress

Mailing Address P.O. Box 696

City  
Madison

State  
WI

Zip Code  
53701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Tammy Baldwin

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 02

Transaction ID: 19298024

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Rick Renzi For Congress

Mailing Address P.O. Box 2383

City  
Prescott

State  
AZ

Zip Code  
86302

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Rick Renzi

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 01

Transaction ID: 19298034

Date of Disbursement

03 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Volunteers For Shimkus

Mailing Address P.O. Box 5458  
PO Box 5458

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John M. Shimkus

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 19

Transaction ID: 19298142

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) Together for Our Majority Political Action Committ	<b>Transaction ID:</b> 19298188 <b>Date of Disbursement</b>
Mailing Address PO Box 16488	<div> <div>03</div> <div>15</div> <div>2007</div> </div>
City Arlington State VA Zip Code 22215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Together for Our Majority Political Action Committ	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Together for Our Majority Political Action Committ	<b>Transaction ID:</b> 19298555 <b>Date of Disbursement</b>
Mailing Address PO Box 16488	<div> <div>03</div> <div>27</div> <div>2007</div> </div>
City Arlington State VA Zip Code 22215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Together for Our Majority Political Action Committ	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Honda For Congress	<b>Transaction ID:</b> 19337783 <b>Date of Disbursement</b>
Mailing Address 50 W. San Fernando St Ste 350	<div> <div>03</div> <div>13</div> <div>2007</div> </div>
City San Jose State CA Zip Code 95113	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael Honda	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Mchenry For Congress

Mailing Address PO Box 1406

City  
Hickory

State  
NC

Zip Code  
28601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Patrick McHenry

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 10

**Transaction ID:** 19337784

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Join Our Efforts PAC (Joe PAC)

Mailing Address 610 Harper Avenue

City  
Jenkintown

State  
PA

Zip Code  
19046

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Join Our Efforts PAC (Joe PAC)

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 19414517

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City  
Timonium

State  
MD

Zip Code  
21093

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. C.A. Ruppersberger

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District: 02

**Transaction ID:** 19414519

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281

Purpose of Disbursement

Candidate Name  
Rep. John S. TannerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 08

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 19433144

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Radanovich For Congress

Mailing Address 30151 Tomas Street

City State Zip Code  
Rancho Sta Mrgrita CA 92688

Purpose of Disbursement

Candidate Name  
Rep. George P. RadanovichOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 19

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 19453467

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	7

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City State Zip Code  
Uwchland PA 19480

Purpose of Disbursement

Candidate Name  
Rep. James W. GerlachOffice Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 06

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 19488292

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address 677 South 200 West  
Suite A

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. James D. Matheson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 19488296

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Cathy McMorris For Congress

Mailing Address Box 137

City State Zip Code  
Spokane WA 99210

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Cathy McMorris

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: 19488299

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street Southeas  
2nd Floor

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Democratic Congressional Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 19488301

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City

Long Branch

State

NJ

Zip Code

07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒

House

☐

Senate

☐

President

State: NJ

District: 06

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 19491551

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City

Sarasota

State

FL

Zip Code

34230

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Vern Buchanan

Office Sought:

☒

House

☐

Senate

☐

President

State: FL

District: 13

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 19503086

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Dave Weldon

Mailing Address PO Box 968

City

Melbourne

State

FL

Zip Code

32902

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Dave Weldon, M.D.

Office Sought:

☒

House

☐

Senate

☐

President

State: FL

District: 15

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 19504130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Harkin

Mailing Address P O Box 811

City  
Des MoinesState  
IAZip Code  
50304

Purpose of Disbursement

Candidate Name  
Sen. Tom HarkinOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IA District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 19504134

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Wynn For Congress

Mailing Address P.O. Box 39139

City  
WashingtonState  
DCZip Code  
20016

Purpose of Disbursement

Candidate Name  
Rep. Albert WynnOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 04

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 19504136

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Gingrey For Congress

Mailing Address PO Box U

City  
MariettaState  
GAZip Code  
30060

Purpose of Disbursement

Candidate Name  
Rep. Phil Gingrey, M.D.Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 11

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 19504149

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Reynolds For Congress

Mailing Address PO Box 15388  
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Thomas M. ReynoldsOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 19504153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement  
Void - Friends Of Mark Foley - Never cashed

011

Category/  
TypeCandidate Name  
Rep. Mark A. FoleyOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 19620079

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	7

Amount of Each Disbursement this Period

-2000.00

Void - Friends Of Mark Fo-  
ley - Never cashed

SUBTOTAL of Disbursements This Page (optional) .....

-1000.00

TOTAL This Period (last page this line number only) .....

99000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Federal Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 19620086

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2007

Amount of Each Disbursement this Period

3928.00

Federal Taxes

SUBTOTAL of Disbursements This Page (optional) .....

3928.00

TOTAL This Period (last page this line number only) .....

3928.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Virginia Department of Taxation

Mailing Address P.O. Box 1500

City  
Richmond

State  
VA

Zip Code  
23218-1500

Purpose of Disbursement

State Taxes

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 19620106

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

723.00

State Taxes

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 19810796

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

817.06

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

1540.06

**TOTAL** This Period (last page this line number only) .....

1540.06